

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI.

WEDNESDAY, NOVEMBER 29, 1854.

No. 18.

ON THE VITAL ENDOWMENT OF NERVES.

[Continued from page 35.]

A FURTHER and somewhat singular confirmation of the view of the functions assigned to the anterior and posterior columns of the spinal cord, in the number of the Journal for August 9th, is derived from the following observations of Sir B. C. Brodie on injuries of that organ.

"The lower limbs are more frequently paralyzed than the upper, even when the lower part of the cervical spine has been injured. This circumstance is remarkable, as it is contrary to what happens when the functions of the spinal cord are interrupted in consequence of caries of the cervical vertebræ. In these last cases, the paralysis is often complete in the upper limbs for many weeks, or even months, before it extends to the lower. Paralysis of the upper limbs has been known to follow contusion of the dorsal vertebræ."

These facts, which seem inexplicable on the common theory, are easily understood, when we consider that caries, affecting the bodies of the vertebræ, must involve the anterior columns some time before the posterior; whereas in injuries, the processes are usually the first to suffer fracture or dislocation, and the posterior columns which are most concerned in the movements of the lower extremities, being nearly contiguous, will soonest feel the effects, and will therefore be most likely to be disturbed in their function.

In No. 19 of Braithwaite's Retrospect is an account of a discussion before the London Medical and Chirurgical Society, in which Marshall Hall took part, relative to a case in which there was palsy confined to the arms. The doctor was evidently at fault in his explanation of the case, simply because there was not room for it in his philosophy. According to his ideas, it was "almost impossible to imagine disease of the spinal marrow so situated as to induce paraplegia of both superior extremities, without involving in its effects the parts situated below." After what has been said above, it is unnecessary for me to enlarge upon such a case.

It is not difficult to understand how contractions of the muscles may take place when the anterior cords are irritated, and fail to be produced when the posterior are excited, without necessitating the conclusion or-

dinarily drawn from these facts. If we suppose the anterior cords to minister to those motions which are executed under the direction of the specific senses, and the posterior to be connected with general sensation and those motions performed under its direction, it is plain that the functional activity of the former is *never* exercised except in connection with muscular contraction. Whereas the same activity of the latter, being exercised for sensation as well, will often take place without such contraction. For the mind, after receiving the sensation, deliberates and decides whether it will contract the muscle or not. In the one case, an associative connection will be formed between the excitement of the nerve and the contraction of the muscle, which will have no place in the other. This associative connection may display itself on irritating the nerve, when separated from its centre by the contraction. We are not without facts to sustain this position. Irritation of the third nerve often fails to produce contraction of the iris, owing, as it is suggested by Longet, to its filaments having to pass through a ganglion; and when it does contract the iris, the contraction continues after the withdrawal of the stimulus, which is not the case with the contractions of the voluntary muscles simultaneously excited by stimulating the same nerve. This last fact is explicable, says Volkmann, only by supposing the voluntary muscles to be excited directly through the nerves, while the iris is excited through the ophthalmic ganglion as a centre. Now what the ophthalmic ganglion is to the short branch of the third nerve, in the main, the ganglions on the posterior cords are to their connecting fibres with the spinal marrow. And it by no means follows, because it is difficult to excite contractions by irritating these fibres in a mangled dog, that they have nothing to do with muscular action.

That philosophy is questionable, which argues from the contraction of the muscle on irritating its nerve, to the regular and ordered movements of the body. Were the nerve stimulus the only one that excited the contractility of the muscle, it would be more plausible. But we find that galvanism, chemical and mechanical irritants, applied to the muscle, also excite it. Indeed, live muscle responds in no other way, than by contraction, to any stimulus whatever. It is easy to conceive of a trembling or vibration being communicated to the nerve, by mechanical irritation, and propagated down to the muscular fibres, where, by means of the peculiar blending of these fibres with the nervous, it is felt as though it was directly impressed upon it. The muscular contraction following, would then be an incidental effect of the mere mechanical properties of the nerve, and of the irritability of the muscle. The only fact thus left to us by which we infer the agency of the nerve in muscular contraction, is its being interposed between the muscle and the centre;\* and we are left at liberty to inquire whether this interposition is to connect the muscle through that centre with other nerves, and through them with other muscles and organs of sense, or whether some unknown and inconceivable impulse is generated in the centre, which passes down the nerve to the muscle. The character of the contraction thus excited is

\*. Aside from this, there is as much reason to suppose that salts, acids, galvanism, &c., contract the muscles in our movements, as nervous influence.

spasmodic, irritative, while the action of the muscle in movements, involuntary as well as voluntary, comprehends both contraction and relaxation, and is one of control.

If it be said that mechanical irritation of a muscle through a nerve is followed by its contraction, it may be said, in reply, so are all irritations of the muscle. If it be said that the muscle contracts when stimulated through the nerve, it may be also said, in reply, that it always contracts on the application of stimuli. And what is more to the purpose, not only do individual muscles contract by other stimuli than that (if such exists) which comes through the nerves, but groups of muscles, which having had certain combinations in their contractions, formed, during life, while their connections with the nerves and nervous centres continued, have exhibited the same after death, before their irritability had subsided, and after separation from their nervous centres by division of the nerves. Are we, then, to suppose the existence of a double mechanism, by which (to say nothing of the peristaltic motions) the movements of the body are effected; one by the nerves and nervous centres, and another and ulterior one? And if this last, of necessity, *must be*, does it not follow that the first *must not be*? Undoubtedly, the muscular contractions and combined movements witnessed by McDowell and Brown Sequard, in their experiments, take place according to the same laws that govern all motions in the living body. And those who maintain the contrary, are imposed on by appearances, in the same way as those, who, from seeing the image on the retina, infer that it is what we perceive in vision, whereas it is the external object. Were it the picture, we should both see it double and in the inverted position. The role of the nervous system would then be to furnish certain facilities and conveniences for the execution of these laws, but not the essential conditions.

Another objection is founded on the fact of these experiments not being exact copies of physiological impressions. They are made on the cords of the nerves, while the impressions which in the natural state excite motions, are made on surfaces on which their peripheral extremities terminate. They are therefore at best of a second-hand nature, and correspond with what is called hearsay evidence in law, which, as all know, will not be admitted in a court of justice. We are, moreover, not without high authority for the assertion, that they are very imperfect copies of the originals. "It is to be observed," says Carpenter, "that a slight irritation applied to the peripheral extremities of the afferent nerves, is a more powerful excitor of reflex action than a much stronger impression, which occasions acute pain, applied to their trunks." And in some cases there is reason to suppose that in the former way they can be excited, while they cannot at all in the latter. Narcotics, while they act energetically on the surface to which the extremities are distributed, produce no such effect on the larger trunks. Neither do acids.

No one could be more alive to the imperfections of this kind of reasoning, than Sir Charles Bell himself. "In a foreign review of my former papers"—says he, in the one of June 19th, 1823—"the results have been considered as a further proof in favor of experiments. They are, on the contrary, deductions from anatomy; and I have had

recourse to experiments, not to form my own opinions, but to 'impress them on others. It must be my apology, that my utmost efforts of persuasion were lost, while I urged my statements on the grounds of anatomy alone. I have made few experiments; they have been simple and easily performed, and I hope are decisive." And again—"The whole history of medical literature proves, that no solid or permanent advantage is to be gained, either to medical or general science, by physiological experiments unconnected with anatomy." And still further—"Experiments have never been the means of discovery; and a survey of what has been attempted of late years in physiology will prove, that the opening of living animals has done more to perpetuate error, than to confirm the just views taken from the study of anatomy and natural motions." Thus far Sir Charles Bell. Dr. Carpenter differs from him a little, in laying more stress upon comparative anatomy. According to him, "it is only in fact by studying the cerebro-spinal apparatus in its lowest as well as in its highest form, and by bringing the intervening grades into comparison with both extremes, that it is possible to establish what are its fundamental and essential, and what its accessory parts; and in this way only, can such a correspondence be established between the development of a particular structure, and the manifestation of a certain psychical endowment, as may enable the latter to be attributed *with any degree of probability to the former*. In fact, there is no part of the human organism as to which the advantages of such a comparison are so striking, or in which the value of the 'experiments ready prepared for us by nature,' is so much above that of the results of artificial mutilations."

Here, then, is the testimony of both these distinguished writers against experiments. There was evidently a misgiving in the mind of each, that possibly hereafter the conclusions founded on them might not prove as solid as specious. Yet if any student of either should be questioned why he believes that the posterior nerves were for sensation and the anterior for motion, or that the cerebellum was for combining muscular motions, he would reply, "from the results of experiments" as given in the works of his master! But if experiments are not reliable, neither will their retreat to anatomy afford them greater security. Anatomy alone can merely suggest, by a difference in structure, that there might be a difference in function between two nerves or classes of nerves, but cannot tell in what that difference consists. Nor will comparative anatomy, by pointing out the correspondence between the development of a particular structure and the manifestation of a particular faculty, warrant us in referring this last "as a psychical endowment to the former." A dozen explanations might be afforded of this connection as plausible as this. What is wanted, is a correct psychology to be applied both to the results of experiments and to variations in the structure, origin and distribution of the nerves—a correct comparative psychology as well as human.

An illustration of the danger of trusting to anatomy exclusively, without the true key to guide us in interpreting its variations, is found in the celebrated "nervous circle between the muscle and the brain," of Sir



Charles Bell. He was led to this, by finding, *unexpectedly*, that a large portion of the fifth nerve terminated in muscles, which, as he demonstrated it to be a sensitive nerve, was somewhat of a puzzle. According to him, the fifth nerve sends more branches to the muscles, than to the skin; and what is more remarkable, sends more branches to the muscles than the seventh, which is a motor nerve, for all which he must invent a reason. Supposing the mind to be seated in the brain, and transmitting its influence down by the motor nerve, and the nerve having no power to transmit influences but in one direction (all of which are suppositions without proof), there was no road back, and as it was necessary for the mind to have a knowledge of the condition of the muscle, the fifth nerve was made the avenue for the communication of this knowledge. An apparently clumsy contrivance, in which the works of God appear to disadvantage, when compared with the works of man; for a messenger sent from place to place on a road made by human means, can generally return by the same way he went.

A simple explanation of these facts is afforded by the doctrine that the ganglionic portion of the fifth is a mixed nerve; that is, for touch, and the motions which the mind performs under the direction of touch. It is to be observed, in this connection, that the branches of the seventh are sent in the greatest proportion to the superficial muscles of the face; while the branches of the fifth are distributed in a similar proportion to the deep seated, especially to the muscles of mastication. The superficial muscles are most active in the movements of expression, which are associated with those of respiration; and the seventh nerve, though in man a nerve of volition, had originally its connections formed by virtue of this relation. But in mastication we are guided by the impressions made on the teeth, and on the whole internal surface of the mouth. In those acts expressed by the term biting, and when an animal seizes his prey, the visual are the guiding sensations. In the former, the nerves distributed to the muscles through the ganglionic portion of the fifth, are instrumental, inasmuch as they connect them with the sensitive surface on which the impressions are made, giving rise to the associated sensations. In the latter, the small branch of the fifth, or, as it is called, the motor, is instrumental, as it connects them, through the cerebrum, with the eye. This is in accordance with a principle maintained by Sir Charles Bell (see his "Respiratory System of Nerves"), as well as by Carpenter, who still maintains the idea of the nervous circle, which, however, is repudiated by Marshall Hall.

Having given this instance where Sir Charles's consistency in relying on anatomy alone, misled him, I shall give another, where Dr. Carpenter's inconsistency in not relying on comparative anatomy in opposition to "artificial mutilations," has placed him in a similar predicament. It has long been the prevailing opinion, from the fact that when the par vagum is cut above the origin of the inferior laryngeal nerves, suffocation frequently follows from spasmodic closure of the glottis, that the superior laryngeals had something to do with the constriction of that part. But lately, Dr. C., on the authority of Dr. J. Reid, a favorite experimenter with him, affirms that the superior is the excitor or afferent, while

the inferior is the motor nerve. Although it is found to connect with the crico thyroid muscle by his own admission, and with the arytenoid and inferior constrictor according to other dissectors, and even inosculates with the inferior laryngeal, yet it has nothing to do with muscular motion, but is a sensitive nerve.

The laryngismus, after cutting the recurrent nerves, is attributed to palsy. And some countenance to this opinion is supposed to be derived from the collapse of the glottis, in powerful suction through the windpipe in the dead body. The action, however, is evidently much more like that excited through a nerve, when the power of a balancing nerve (to use the common expression) is taken away. As, when the portio dura of one side is cut, there is little distortion at first, owing to the restraining power of the fifth; but when the muscles of respiration are called into exercise, as in speaking, laughing, &c., the distortion is very evident, owing to the muscles on the sound side not being balanced by those of the opposite. It is remarkable that laryngismus should be attributed to palsy of the recurrent nerves, when the cause has been irritative to those nerves; and when there *should have been* loss of voice, which must depend on that nerve—an event which did not happen in several cases of laryngismus stridulus which have been attributed to this cause, or, if it did, was not mentioned. It seems to me that the natural inference from Dr. Reid's experiments, is, that they were instituted for the purpose of compressing the superior laryngeals within the limits of the sensitive and motor theory.

An unprejudiced inquirer after truth, before grounding his faith on such manipulations, even with Dr. Carpenter's endorsement of Dr. Reid's accuracy, would be inclined to look at the "experiments ready prepared for us by nature," to see if they did not throw some light on the subject. Fortunately, there occurs a singular class of facts, in a lower tribe of animals, which bear on this very point. In birds, the larynx is placed at the bottom of the windpipe, and to it the inferior laryngeals are distributed. At the top of the windpipe is what corresponds to the superior laryngeal. As a matter of course, the inferior laryngeals are concerned in those motions which properly belong to the larynx, in association with the lungs, such as those connected with the voice, &c.; while at the top, provision is made to prevent the entrance of all irritating substances into the windpipe. The nerve found at this part, viz., the superior laryngeal, must minister to this function. It must therefore be both sensitive and motor. But when the larynx rises from the bottom to the top of the trachea, the muscular provisions for both these offices become blended. The inferior becomes the recurrent, and its branches inosculate with the superior, and supply some, at least, of the same muscles. But still the original function is performed through the same nerve; an illustration, in another form, of the above-mentioned principle of Bell, which has the sanction of Dr. Carpenter himself, as follows. Speaking of the accomplishment of acts of respiration and mastication by the same muscles, when supplied by different nerves, he attributes them to an original association with those nerves, while as yet, in the invertebrated class, all the parts were distinct, and thus proceeds: "Now in the vertebrata, the distinct

organs have been so far blended together, that the same muscles serve the purposes of both ; but the different sets of movements of these muscles are excited by different nerves ; and the effect of division of either nerve is to throw the muscle out of connection with the function to which that nerve previously rendered it subservient—as much as if the muscle were separated from the nervous system altogether.” All this is undoubtedly true ; but it has a more extended application than physiologists have hitherto supposed. Whenever a muscle has more than one nerve terminate in it, it is because the movements which that muscle takes part in performing were originally associated with more than one class of sensations. The union of the posterior and anterior nerves in the class of voluntary muscles, arises from the fact of the motions regulated by specific sensation being superimposed on those regulated by touch. The muscles being first developed with their nerves running between them and the surface of touch, were subsequently compelled to have established nerves running between them and the organs of the senses. But the motions originally associated with touch are still performed through the same association, and require the same medium. One of these classes of motions regulates the opening of the larynx ; and incidental to it are all those convulsive motions, whether dependent on irritation of the laryngeal surface or remote surfaces, and which play so important a part in croup, hooping cough, epilepsy, &c.

I believe it may be stated with confidence, that there is no proof, nor any thing like proof, in physiological experiments, as they now stand, of any influence, impulse, or whatever it may be called, generated in the brain, ganglion, or any other nervous centre, and passing down a nervous cord to a muscle to excite it to contraction in movements, voluntary or involuntary. Anatomy merely shows a connection between the muscles with each other on the one hand, and with the organs of the senses on the other. And when the physiologist bases his reasoning on any thing more than what may naturally be supposed to flow from the physical properties of the nerves, he argues from a baseless assumption.

Having, as I conceive, shown this in the present article, I shall, when treating of the propositions, show the utter absurdity of such an idea as the brain or any nervous centre generating these impulses, from the number, complexity of combination, variety and rapidity of changes in the muscles contracting in voluntary movements, and other considerations. But before concluding, I shall advert to another point, chiefly because one of very high authority has lent his influence (as I believe from inadvertence) to the support of this notion.

It is asserted by this class of physiologists, that because we are only conscious of the act of willing, before we perceive by external observation the movement of the body, all that intervenes is the result of the action of this automatic nervous mechanism on the muscles. Sir William Hamilton has analyzed the process, and takes for granted both the existence of the motor and sensitive influence between the muscles and the brain as necessary steps in it. In doing this, Sir William has evidently yielded his better judgment to what he considered as established points in physiology. For he says, “ It might seem at first sight—1st, that

the organic movement is immediately determined by the enorganic volition; and 2d, that we are immediately conscious of the organic nîsus in itself." And again, he has repeatedly intimated in his work, his opinion that the doctrine of the mind being seated in the brain is an error, and expressed his conviction that it was in some mysterious manner present to all the organs, and actuating each in the performance of its function. Now if the mind is present to all the organs, and actuating each in the performance of its function, it must be present to the muscle and actuate it in contraction, for to contract is its function. And if so, what need is there of an influence sent from the brain along the nerve to the muscle to cause it to contract, or of another sent back to the brain from the muscle, to tell the mind when and how much it has contracted, when the seat of the mind is not in the brain? This very learned and acute author may rest assured that what seems true at first sight, is true at second sight; and that there is no more ground for supposing these influences than there was in the time of Descartes for assuming the representative idea, a modification of the brain. And the period is not very distant when it will be regarded as an error of the same kind.

#### WATER, AS A THERAPEUTIC AGENT, AND AS A CAUSE OF DISEASE.

BY J. C. RUTHERFORD, M.D., BLACKSTONE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

**WATER**, in its purity, is one of the greatest blessings bestowed upon mankind; it is a part of ourselves, and enters largely into all animal and vegetable substance. We must have it for most of the purposes of life. It enters in a large proportion into the composition of the blood. Whatever it may hold in solution, must become a portion of that fluid, either for good or evil.

It is a fact that can be demonstrated, that water contains more of the elements of disease, than the air we breathe or the food we eat. This applies more particularly to the hot season. Any one who has examined the contents of a cistern or well, is aware of the strong stench of the water and dirt at the bottom. This stench is owing to the animal matters that settle at the bottom, and there form a mass of putrid carrion.

It is not necessary for me to state that rain, river and sea water contain an immense number of animalculi, that cannot be seen without the aid of the microscope. These are short lived, and from their great numbers form one fourth of the deposit in our wells, cisterns and beds of rivers.

In warm weather this mass undergoes decomposition, and hence the water is an essence of putrefaction. The less water there is in our wells, cisterns, &c. the more concentrated becomes this essence. If any one doubts this, let him go to any well or cistern, or, if he pleases, to the river, and he will find, particularly in the hot season, this fœtid smell, even if the water is not agitated.

To say that such water is not injurious to the system, or that it is not

a cause of disease, would be as absurd as to say that putrid flesh and rotten vegetables are wholesome food. Of all the causes that are supposed to produce the cholera, dysentery, diarrhœa, cholera morbus, &c., this may be regarded as the chief. These diseases are most prevalent in hot and dry weather, and they are more or less virulent as the drought is or is not severe. Water we must have, as an element in the animal economy, and as a therapeutic agent; but as we often find it at this season, it is neither one nor the other.

It is allowed on all hands that the effluvia arising from decaying animal and vegetable matters is a great cause of cholera, and other diseases of the bowels. Now if this is a fact, how much more detrimental to health would be the taking into the system this poison in substance—or, in other words—drinking water holding more or less of this matter in solution? Yet we do this when we drink water from our wells and cisterns in the hot summer months. No constitution can endure this contamination a great while. Districts that are most favorable to the existence of intermittent fever, will be found to be those where the cholera shows its most virulent character. The localities most likely to produce these poisons, are low, moist, and fertile, with but little chance for drainage, either by art or nature. The moist and warm soil is favorable for the growth of vegetable matter and animalculi—generation after generation of which are produced and reproduced in one hot season. They have a brief existence, and die, forming a mass of putrid matter, to be dissolved in the pools, springs and streams; and that which remains upon the soil, to be dissolved by the dews of night, and as vapor to be wafted about by currents of air.

People who live in malarious districts, are cognizant of the fact that a hard frost puts an end to all danger from miasm for the season. Cold will destroy the poison of the most contagious disorders; and it must be that the frost destroys the effluvia from decomposing matters, and at the same time puts a stop to further decomposition. It is known that cold will put a decided check upon the cholera.

Now the natural inference to be drawn from these facts would be, that all the disorders that have been mentioned are caused by an animal poison that is dissolved in the water we drink, and in the damp air of the night. Another fact tending to establish this theory is, that nine-tenths of the attacks of cholera, dysentery, and other bowel complaints, occur in the night. Dampness seems to be an essential element for the rapid absorption of the poison, and hence the frequency of the attack in the night.

It has been said that water holding lime in solution is a great cause of bowel complaints; but this is not established. There are localities where the water is highly impregnated with lime, but where dysentery is comparatively rare, and the cholera never known. There are other localities where there is hardly a trace of lime, and where diseases of the bowels are the most prevalent disorder. Water which holds the most lime in solution contains the least animal matter.

The rapid decomposition of animal matter in water, can be demonstrated by taking a vessel of the purest well or cistern water that can be

obtained, and setting it where the sun can have full play upon it for a few hours, when you will have the same putrid smell and taste—but in a less degree—that is found in the bottom of our wells. Set water from the same fountain, in a place where the temperature is unfavorable for decomposition, and you will have no perceptible change in taste or smell.

How shall we make this element, that is so often a cause of disease, a harmless and useful article? As one means, it is the duty of physicians to enjoin upon the people the necessity of having every well, cistern, or spring, containing water used for domestic purposes, thoroughly cleansed at least once a year. This will make the water comparatively good. But for a beverage, and especially for the invalid, water should be boiled, as a great share of the impurities will then pass over in the vapor, and the more solid parts meet with a chemical change, which renders them inert. Thus it becomes a pleasant and harmless drink, and powerful auxiliary in the treatment of disease. This is a matter that calls for our most careful investigation and serious consideration.

#### A POST-MORTEM EXAMINATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE following are the post-mortem appearances of the body of Col. J. S. Tourtellott, of North Providence, R. I., æt. 43. The autopsy was made sixteen hours after death, by Dr. S. Clapp, at the request of the deceased. Notes were taken, as delivered by Dr. Clapp at the time.

*External Appearance of the Body.*—Expression of countenance, calm; eye-lids partly open; face bloated, discolored with livid spots; a small spot of ecchymosis on external angle of each cornea, the size of a very small pea; cornea tinged yellow; ears very livid. Cadaverous rigidity of limbs, the right side more than the left. Emaciation of neck and arms very apparent. Lower extremities very much swollen, anasarca; two excoriated surfaces, the size of palm of hand, on outer side of each ankle. Body posteriorly discolored with livid spots, anasarca, very much so about the loins. Scrotum enlarged to nearly the size of a pint bowl, from effusion in cellular tissue; the penis also anasarca. Dulness on percussion on under side of thorax, extending half way from spine to sternum and on lower half of abdomen.

Introduced trochar, and drew off 3 quarts of yellow serum from cavity of abdomen.

On opening abdomen, nothing unusual discovered about stomach and intestines; their position, size, form, attachments and peritoneal coat, normal.

*The Liver.*—Its position, in relation to other organs, natural; extent uncovered by the cartilages of ribs, measuring from point of ensiform cartilage on a line with pubis, 4 1-2 inches; from extreme point of cartilage on right side, 3 1-2 inches; weight and measurement not taken. On convex surface, near lower margin, puckered appearance; acute margin, hardened and irregular; color darker near the margin and over puckered surface; puckered surface slightly depressed; pits produced



by pressure. Capsule not easily detached from substance; cut surface very moist; greater amount of red substance than yellow; very great congestion; lower margin fragile and hardish; aspect of fractured surface much the same as is sometimes seen in the spleen; no calcareous matter, pus or morbid growth. Nothing abnormal detected in the veins. On concave surface, a small teat-like excrescence, nearly a quarter of an inch in length.

*Gall Bladder* distended with dark-looking bile. *Spleen* very fragile, tears very readily, very moist. *Kidneys*—both enlarged somewhat; capsule vascularity very great; thicker than natural; portion of cortical substance removed with capsule; deeper red than natural; appeared to be dependent upon vascularity. *Cut surface*.—Serous exudation flows from it freely; no abnormal growths or deposits. *Urinary bladder* empty.

*Chest*.—On raising the sternum it broke very easily.

*Lungs*.—*Examination in situ*. Position natural; adhesion of both right and left, the left adherent about the fourth and fifth rib, from the mediastinum to the spine, a band about the width of two fingers; lower portion of lungs collapsed on left and right sides below adhesions; the right lung firmly adherent at its apex, extending as low as the fifth rib, from sternum to spine; about one quart of serum removed from left cavity of pleura and about three pints from the right; irregular prominences over the anterior surface; anterior and superior part of both lungs crepitate; no crepitation in extreme lower portion of left lung posteriorly.

*Substance of Lung*.—Both lungs pit upon pressure, tear easily, and have a granular appearance.

*Cut Surface of Lung*.—A copious frothy fluid exudes from crepitating portion; a large amount of dark venous blood from non-crepitating portion of lung; swims with its upper surface on level with water. Bronchial tubes filled with red frothy mucus; no adventitious products, tuberculous or cretaceous; no cavities.

*Heart*.—On opening pericardium, about four ounces of serum escaped; position natural; relation to other organs and direction of axis, normal; nothing unusual noticed in shape.

*Examination of Heart after Removal*.—Blood from superior and inferior vena cava coagulated, pale straw-colored coagula. *Right Auricle*.—Foramen ovale closed. *Lining membrane*, smooth, perhaps slightly thickened. *Orifices of vena cava*, should think normal. *Muscular wall*, somewhat thickened. *Right auriculo-ventricular opening*; its shape, apparent diameter and size, normal. *Right ventricle*; yellow coagula from blood, attached slightly and interlaced among columnæ carneæ; size somewhat diminished. *Tricuspid flaps*, should say thickened. *Pulmonary opening*—water passes slowly through when poured into pulmonary artery; pulmonary valves not mentioned, supposed to be abnormal from the water passing through. *Left auricle* enlarged. *Auriculo-ventricular opening*, as appeared from auricle, turned inwards; ossified edges felt much like small teeth; it would be hardly possible to introduce an ordinary sized pocket knife blade through the opening; the opening about the thickness of such a knife blade; shape, that of a crescent; apparent

size of ossification, about one inch in length by three quarters in width; the thickness of septum between auricle and ventricle twice its natural size, should think. Mitral flaps incorporated with the ossification.

Aortic opening and valves, normal.

M. F. DELANO.

#### CASE OF GUN-SHOT WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a hastily made report of a case, which is one of uncommon interest to me. If to you it is so, and in your opinion it would be to the profession in general, you will please give it a place in the pages of your Journal.

Yours most truly,

*New Bedford, Nov. 17, 1854.*

C. D. STICKNEY.

On Wednesday, the 7th of last June, Edwin James, of this city—a painter—was accidentally shot by a lad with one of Colt's revolvers. I was called to him soon after the accident occurred. I found him intensely excited, and with severe pain in his abdomen, where he had received the ball—which entered about three and one half inches downwards and outwards from the umbilicus. Immediately after having received the injury, he voided a small quantity of urine, which was slightly tinged with blood. He soon expressed a desire to urinate again, but found himself unable. With my catheter I drew off about two ounces more. Saw him again in the evening. He was very thirsty—surface was moist and warm—pulse 98. The pain in the wounded parts equally severe, with some tenderness of the abdomen when pressed upon. Still unable to urinate spontaneously. Again drew off about the same quantity of urine, which did not contain any blood.

Thursday morning. Has passed a disturbed night—no quiet sleep. Has vomited several times—is very thirsty. Tongue dry and coated. Skin dry and hot. Pulse 110. Tenderness of abdomen has increased. Has passed urine several times, which was scanty in quantity—high colored and offensive. Saw him several times in course of the day. Has been delirious at times. No material change in symptoms in other respects.

Friday morning. Has had about two hours refreshing sleep. Pain in abdomen now dull in character, instead of sharp and lancinating. Considerable tenderness of injured parts when pressed upon. Less thirst; surface dry, but not as hot as yesterday. Pulse 100. Tongue still dry and furred.

The treatment consisted mainly in keeping him as still as possible. In course of the night (Friday), feeling that he was quite out of harm's way, he insisted upon getting up; and in the presence of the one who had the care of him—when in the act of urinating—the bullet passed with the water into the vessel, causing him but little suffering.

I have only detailed the symptoms, and intentionally omitted the treatment, with the belief that it would not add to the interesting features of the case. His unpleasant symptoms now commenced gradually to subside, and in a short time he was discharged as cured. I saw him, not

long since, when he told me that he felt as well as ever, and was able to perform as much labor as before the misfortune happened. The friends of Mr. James, and indeed many of my brother physicians, were slow to believe that the ball could have passed him in this way. Dr. L. Bartlett, of this city, who saw him several times in consultation with me, I am sure will confirm the above-mentioned facts in the case.

#### OLD BOOKS—AND NEW BOOKS.

[Communicated for the Boston Medical and Surgical Journal.]

WILL Young Physic have the courtesy to practise a little continence, while an Old Foggy refreshes himself with the utterance of a little enthusiasm, consequent on his accidental stumbling on an old English Medical Book; an unpretending, worm-eaten duodecimo of some 280 pages—"An Essay on Fevers, by John Huxham, M.D., F.R.S.," and printed in London in 1750. I had read the book lazily in my youth, for it belonged to my father's medical library; but though it ultimately fell into my own hands, it was forgotten, and perhaps I should never have been blest with the refreshment of its graphic pages but for the fact that Young Physic had wrought absolute *erethism* on my Fogysnip, with his boasted *progress*. There was no rest till I had emptied my stinted purse on the counter of my good *Friends*, the Messrs. Woods, of New York, and received my *quid pro quo* in the shape of a goodly package of modern medical books—such as the *savans* told me were of the right sort. Now, if you please, gentle reader of the Journal—don't be premature. I'm not going to eulogize good old John Huxham at the expense of my new books. Though I have dallied with them, I've not *read* them. In removing *old* books from my little nook of a library, to make room for *new*, my eye was fascinated with the aforesaid rib-backed duodecimo; and I discourteously suffered Young Physic to lie in the dust at my feet, while I mounted a stool, and treated myself to a long revel in the glowing pages of "Huxham on Fevers." In the fulness of my heart, I could not refrain from exhibiting my treasure to my honored patroness, Mrs. Taffety, who never fails to approve my taste in matters of sarcenet and science—and I was delighted to hear her exclaim, "What a *love* of a book!"

Seriously, in the words which Huxham himself applies to Hippocrates, "I will not take it upon me to say that one cannot be a good physician without consulting that great oracle of physic" (Huxham), "and reading the ancients, but this let me say, he will make a much better physician for so doing." How winningly he finds the way to his reader's confidence, by proposing to show him "his way of thinking and acting, as to fevers in general," and to give us the "true picture and naked truth of things"! How eloquently he deprecates "vain hypothesis—the love of novelty—the fashion and faction of physic"! His very preface abounds in riches for the practical physician. "He should select a few of each sort (medicines) for his use, and not run into the immense *sarrago* which some are so fond of. By so doing he will soon learn their real virtues and effects, and distinguish between the symptoms of disease and

those caused by medicine." "Not only the *physic*, but the *diet* and the *drink* of the sick should be prudently *regulated*." For the benefit of the opponents of the Maine Law, let me transcribe the following. "Nothing so effectually carries off the ill consequences of a *drunken-bout*, as keeping warm, and lying long in bed, to *soak it out*, as they call it."

But although honest John Huxham (intelligent as honest) begins by deprecating hypothesis, it is consoling to find him a little subject to the common infirmity—for what mortal doctor ever succeeded in talking five consecutive minutes on the nature and cure of disease, especially of fever, without falling into a bottomless pit—without *theorizing*? His first chapter, on Inflammatory Fevers, no less than those which follow, abounds in *lentors* and *acrimonies* in sufficient abundance to show that even Huxham could sometimes wander from "the naked truth of things" to some very palpable *assumptions*—to some *apochryphal facts*, touching the relations of certain real or supposed conditions of the blood, to that transcendental embodiment that we call *Fever*. Nevertheless, the good and the true in Huxham do so preponderate; he is not only so hearty in his purpose, but so successful in giving us a "true picture" of the fevers which many, perhaps most of us have seen, that we cannot withhold our confidence in the wisdom of his suggestions in regard to their management.

Of the propriety of purging, in what he calls *putrid malignant fever*, he says, "This gentle method of purging (by manna, cream of tartar, or the like) in these fevers, I have for many years found of very great advantage; but I protest against the *aloetic*, *scammoniate*, *colloquintida purgers*; which in such a putrid, dissolved, acrimonious state of the blood, are poisons, not medicines: and whoever uses them in such a case, should have the guts of his brains purged, if he hath any."

Is the doctor right in the following? After commending vegetable and mineral acids in putrid fevers, he says, "I am sure that the use of *volatile alcalious salts and spirits* is very hurtful, as they without all doubt augment the putrescent state of the humors, and act as so many *spurrers* on to swifter destruction. A very large use of them, *without* the aid of contagion, is found to bring on a corruption and dissolution of the blood, in such kind of fevers, even in the most healthy. Perhaps the pestilential *miasmata* themselves are only highly volatilized and subleized animal salts." He objects also to blisters, on the ground that the *cantharides* contain *salts* which operate in the same manner as "*the volatile alcali salts*, promoting dissolution, and consequent putrefaction of the blood.

There is a brief statement of a case on page 255, in his chapter on *pleurisies*, in which he gave his patient "seven grains of *solid laudanum*, besides two or three ounces of *diacodium*, in the short space of twenty-four hours," with success; which I commend to the notice of Prof. A. Clark, of New York, if he has not already observed it. Is it in accordance with his own views of the treatment appropriate in some (or all) of the forms of inflammation?

But the practical value of the book can only be appreciated by quietly reading the whole of it. So I forego any further quotation, except to transcribe the unique, instructive and intensely interesting reports of *two*

of the doctor's cases, which the Editors will insert, or decline, at their discretion.

As I have confessed to a little dalliance with my *new* books, perhaps it is no more than the *amende honorable* to confess I could not well do without them. "Bartlett on the Fevers of the United States" is among the number, a copy of which should be in the hands of every medical man in the country. The first thought which occurs to an Old Foggy, on looking through its pages, is, what a God-send such a book would have been in the days of our apprenticeship! What toil and agony it would have saved us, in our vain attempts to peer through the *fog*, which, forsooth, our teachers no doubt thought was transparent to themselves, but which, nevertheless, was the blackness of darkness to us. For long, long years we kept looking for light, but light came not; till after years of fruitless scrubbing on our own mental optics, which could not, or would not see a non-entity, the dawn was slowly revealed, and lo! the fog-bank was before us, in all its naked verity; its absolute *opacity* demonstrated and acknowledged.

Hypothesis has been the great draw-back to real advancement in medicine; but, with all respect to the "Fathers," the present century, indeed, the second quarter of the present, has done, and the third will do more for medicine, than has been accomplished for ages. Hypothesis, to be good for any thing, must change its relations, in the *structure* which medical science proposes; must *reverse* its position, and become the *superstructure*—or rather, legitimate *induction* must take its place, and this must rest, of necessity, on the basis of *rigid facts*. "A building, fitly framed together, and *growing* into a temple," must have "a foundation," and though the "chief corner" may not yet have been discovered, there are at this moment hundreds of able explorers in the field, in our own country, no less than in Europe, who are quietly, unobtrusively and diligently laboring in the various branches of medical science, with all the important aids that the advanced state of *general* science and art have furnished for their work. They are *mining* the *fog-bank* for the *facts* that flippant hypothesis fancied were to be found on the surface. Such men are true benefactors to their race.

I may as well make a *clean breast* of it, and explain the origin of this buzzing farrago about *old* books and *new*, which is whirling in my head, and seeking vent, as usual, through the pages of the Journal. The fact is, Young Physic was beginning to bother me with *terms* and *phrases* that I could n't quite comprehend. So, I resolved to be up with him, and see a little of the world myself; and forthwith made my way to Boston, and thence to New York; the country mouse, to see the city lions of the profession. Wasn't it amusing to observe how gently they took him up with their great shaggy paws; and how close they kept their claws, lest mousey should get a scratch; and how kindly they patted him, and called him a clever mouse! Should the lions ever get caught in a net, would n't I gnaw its threads for them right heartily? Meanwhile I looked over medical colleges, and hospitals, and medical bookstores, and surgical-instrument shops, and medicine shops, and so forth—to my heart's content; and is n't it wonderful! the modern facili-

ties, enabling a diligent and right-minded doctor to furnish himself for all "the ills that flesh is heir to!" I'm sorry to say it—it did n't take long to find the bottom of my *purse*—and then I crept back to my nest of straw; and when I go to see the lions again, won't I take the prophylactic precaution to elongate my *purse*? LAMOILLE.

November, 1854.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 29, 1854.

*Human Teeth.*—A treatise with the following title, which will be of some considerable interest to dentists, is lying upon our table:—"The Anatomy, Physiology and Pathology of the Human Teeth; with the most approved methods of Treatment, including operations, and the method of making and setting Artificial Teeth; with thirty plates. By Paul B. Goddard, M.D., &c., aided in the practical part by Joseph E. Parker, Dentist." It is from the publishing house of S. S. & W. Wood, 261 Pearl street, New York, who maintain a high reputation for good taste in the style and finish of their works. Besides being a quarto of ample dimensions, the illustrations are both numerous and truthful, and add exceedingly to the value of a production of this kind, as descriptions of the parts concerned are better understood when the eye has something to rest upon.

This Journal took a decided stand, long since, in saying and maintaining that the dentists of the United States were unsurpassed, as operators; and in regard to the literature of the science and art combined, they are the authority of the age. In looking over the fair pages of this new work, we see fresh evidence of the truth of our assertion. Although it contains no very strikingly new things, there are in it an abundance of facts and intimations which are indispensable, and must necessarily be familiar to the practising dentist before he can be an accomplished as well as thoroughly taught operating dental surgeon. Practical instruction is the thing in demand. The age is so distinctly utilitarian in its character, that no other treatises than those which describe what is to be done, and how to do it, under certain conditions of the patient, are much in request. The appetite for theoretical speculations in this department, as in practical medicine, has much diminished. In Dr. G.'s book there is a natural division of the subject into six parts, all of which is well written, and unmistakably correct in detail. The author is not a new comer into the field of authorship; on the contrary, the reputation he already enjoys must exert an influence for the advantage of this last of his bibliographical efforts. Wishing the enterprise all the success due to merit, and believing that the brotherhood of the dental art are essentially benefited by every such addition made to their libraries, we commend the work to the favorable regard of the profession.

*Dentistry in France.*—The Paris Correspondent of the New York Daily Times, under date of Nov. 2, 1854, thus writes:—"The refinements of the dental art are but little understood on the Continent, as you may learn from the following remark, made by a teacher of languages, upon noticing a filling in a pupil's tooth: 'Why, he's gilt the outside, hasn't he?' She sup-



posed the inside was lead. Natural enough, too, for the very word which signifies to fill, *plomber*, means to plumb. Therefore, until the Americans sent out Brewster, Evans, Fowler, and Horner, dentists held the rank of plumbers. Brewster has retired with a fortune; Evans and his brother turn over \$30,000 a year; Horner has a salary of \$10,000 from his senior partner, Stevens, from England; Fowler is just beginning, the youngest man of them all, and the latest from America, where all the improvements are made. He has every chance of immediate and sustained success."

*Dublin Dissector.*—It is late in the day to utter a syllable for or against a book, which every student of anatomy has had, or ought to have had, as a guide in the course of his pupilage. To be sure there are older books in the world than the *Dublin Dissector*, but very few, if any, systems of dissection which are superior. For many years, such has been its reputation that it has seemed like an old friend, and every one has been glad to see it, from time to time, in successive editions. This last edition appears rejuvenated, and made eminently serviceable to the student, under the accurate revision of Robert Watts, Jr., M.D., Professor of Anatomy in the College of Physicians and Surgeons of the City of New York, and is from the press of Messrs. S. S. & W. Wood. One of the excellencies of the book consists in the plain statements of the author, and the distinct ideas conveyed thereby to the mind of a new beginner. In short, the amount of useful instruction concentrated by the genius of Dr. Harrison, the author, and the accuracy with which he defines the parts rising to view under the knife, gave a value to the *Dublin Dissector* in the beginning, that will never be undervalued while systematic anatomy is as thoroughly taught as it should be. Copies may be had at Ticknor & Co.'s, in Boston, and in all the principal cities.

*Physician's Pocket Medicine Case.*—Messrs. B. S. Codman & Co., dealers in surgical instruments, No. 57 Tremont street, have lately got up a very neat and convenient pocket medicine case for the use of physicians. It contains twenty small vials, sufficient in size and number (if they are filled with the right kind of medicine), for the treatment of most of the acute diseases which a physician is liable to be hurriedly called upon to prescribe for. We think this pocket case will commend itself to physicians of all *isms* and *pathies* (excepting, of course, our hydropathic friends), and it affords us pleasure to recommend it to the profession.

*Improvement in the Magneto-Electric Battery.*—Dr. Calvin Carpenter, Jr., of Providence, R. I., claims to have made a discovery in the arrangement of the Magneto-Electric Battery, which it is said promises to be of great utility in its application to telegraphing, and also to electrotyping purposes. His plan is to combine the elements of several machines in such a manner as to embody, in one, any power that may be desired, and in a continuous and uniform current, which we believe has never before been fully accomplished. We should be pleased to learn further particulars relating to the discovery. We also learn that it has been demonstrated, upon one of the telegraph lines, that communications can be made to pass through the wires in opposite directions, at one and the same time. If this be true, it is really a very important discovery, both to science and the public generally.

*Berkshire Medical Institution.*—We learn from the "Pittsfield Sun," that the annual commencement of this Institution took place on Tuesday, the 21st inst. A numerous and intelligent audience were attracted to witness the exercises of the occasion, which consisted in the reading and defending of theses by the graduating class; the conferring of degrees by the President, Dr. H. H. Childs; and the delivery of an address by Dr. Charles A. Lee. The subject presented by Dr. Lee, was "The elements of character necessary for professional success," and, as we learn, it "was discussed in a masterly way." The class of graduates, in their examination for degrees, acquitted themselves with unusual honor, and we doubt not their future professional success will manifest the excellent training they have received in this prosperous institution.

*A Somnambulist — Dangerous Leap.*—The "New Bedford Mercury" says, that on "Monday night last, a boy, about fifteen years old, son of Daniel B. Croucher, residing on Bonney street, while in a fit of somnambulism, sprang through a pane of glass, and fell a distance of twenty feet, narrowly escaping the loss of his life. He was dreaming at the time it occurred that the house was on fire, and that he could not possibly effect his escape in any other manner than described above. Fortunately he was but slightly injured. The most singular part of all was, that in his flight he broke but one pane of glass, measuring nine by thirteen inches."

*Massachusetts Charitable Eye and Ear Infirmary.*—The daily newspapers furnish us with the intelligence, that a Report of the condition of this Institution, and its doings for the past year, has been published; but as we are not in receipt of a copy, we are unable to lay before our readers even a list of the present officers.

*Prof. C. P. Johnson, of Virginia.*—Among the missing passengers on board the lost steamer Arctic, was Carter P. Johnson, M.D., Professor of Anatomy in the Medical College of Virginia. The last number of the Virginia Medical and Surgical Journal contains a brief notice of his visit to Europe and his departure for home, and pays a feeling tribute to his memory. We copy a few paragraphs.

"We heard of him often during his absence, his meetings with Brodie and the English celebrities, and then his visits to Paris. His long cherished wish was fulfilled, and his time was too short to enable him to complete his intended tour; so short that instead of sailing on the 20th of September so as to be in his place at the opening of the College in which he held a chair, he determined to remain one week longer, carry out all his plans, and return well content to his home. But as the time approached, that unswerving conscientiousness which formed so large a part of our friend's character, overcame his determination. It was *his duty* to be in place when the College session commenced, and to that duty he sacrificed his pleasure, his life. He sailed in the steamer Arctic *for home*.—His friends still cling, like the shipwrecked mariner, to any hope. "He may be in one of the boats. He may yet be saved." We know the man too well. *He never left the ship.* When woman cried for help, he sought not safety for himself; and when the ill-fated vessel sunk, with all its precious freight on board, he met his death with the same composure which marked his course through

life, and the briny wave closed that day on no truer, nobler spirit than Carter Page Johnson. Thus at the early age of 33, has our friend passed away, stricken down just when he had reached his greatest term of usefulness. With a mind not brilliant nor showy, but sound, well-balanced and correct, Dr. Johnson has been from early boyhood the patient student, the steady seeker after knowledge. He took A. M. at the University; he became one of the first graduates of the Medical College of this city; then its Demonstrator, and eventually was selected to fill the chair of Anatomy and Physiology, vacated by the resignation of Professor Wyman, now of Cambridge."

*Female Paupers.*—A parliamentary paper recently printed states that on the last day of the last week in the quarter ending at Lady-day, 1854, there were 21,673 aged and infirm women in the workhouses in England and Wales, and 13,893 able-bodied women. Of these latter, 5855 were of good character, 1904 of dissolute and abandoned character, and 3593 were mothers of illegitimate children, but were not of dissolute or abandoned habits.—

*London Lancet.*

*Medical Miscellany.*—Dr. Wm. Turk, the oldest surgeon connected with the United States Army, recently died at Newark, N. J., at the age of 77 years.—For some time the hospital connected with the State Prison at Charlestown has been without an occupant, although there are nearly five hundred inmates in the prison.—Our city continues quite healthy, but several cases of smallpox and varioloid are reported.—Dr. Rossiter, of Savannah, Geo., has been arrested on charge of having been concerned in the death of a Mr. Hiltzheim, in connection with the wife of the deceased.

---

ERRATUM.—Page 331, 9th line from the bottom, for "disorder" read disorders.

---

*PAMPHLETS RECEIVED.*—The annual announcement of the course of lectures of the Vermont Medical College at Woodstock, for the year 1855.—The "Monthly Jubilee," a journal published by the "daughters and sons of toil," and containing evidence of much industry and originality, but many very singular and novel sentiments.—Inanity in Italy. By John M. Galt, M.D., Superintendent and Physician of the Eastern Asylum of Virginia.—Biographical Sketch of the Medical Profession of Broome County; read before the Broome County (N. Y.) Medical Society, at its annual meeting, October, 1854, by S. H. French, M.D., President of the Society.—The third annual report of the Boston Provident Association.

---

*MARRIED.*—In this city, Dr. Charles E. Ware to Miss E. C. Lee.—In Charlestown, Dr. Cyrus T. Lang to Miss Alice M. Abbott.—In Clyde, Wayne Co., N. Y., Washington G. Elliot, M.D., to Miss Melinda C. Jones.

---

*DIED.*—At Hollis, N. H., Wm. Hale, M.D., 92.—At Corpus Christi, Texas, Dr. Turner, surgeon in the United States Army.—Dr. Wm. Turk, the oldest surgeon in the U. S. Navy.—On board Plymouth Rock, on her passage from Detroit to Buffalo, Dr. S. S. Nichols, of Lavaca, Texas, a native of Vermont.

---

*Deaths in Boston* for the week ending Saturday noon, Nov. 25th, 61. Males, 34—females, 27. Apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—consumption, 14—convulsions, 5—croup, 1—cancer, 1—dysentery, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 1—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhoid fever, 1—typhus fever, 3—scarlet fever, 1—hooping cough, 3—disease of the heart, 3—homicide, 1—intemperance, 1—influenza, 1—inflammation of the lungs, 3—congestion of the lungs, 1—measles, 1—smallpox, 2—teething, 1—ulcer in the stomach, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 36—British Provinces, 2—Ireland, 17—Scotland, 2—Germany, 3—unknown, 1.

*Effects of Fright on the Unborn Fetus.*—A writer in the London Lancet says—"I happened, the other day, to meet with a most extraordinary account given by Baron Percy, an eminent French military surgeon and professor, said to have occurred after the siege of Landau, in 1793. If true, it is a most interesting fact, and one well worthy of deep investigation. He says, that 'in addition to a violent cannonading, which kept the women for some time in a constant state of alarm, the arsenal blew up with a terrific explosion, which few could listen to with unshaken nerves.' Out of ninety-two children born in the district within a few months afterwards, he states, that 'sixteen died at the instant of birth; thirty-three languished for from eight to ten months, and then died; eight became idiotic, and died before the age of five years; and two came into the world with numerous fractures of the bones of the limbs, caused by the convulsive starts in the mother, excited by the cannonading and explosion!'

"Here, then, is a total of nearly two out of three actually killed through the medium of the mother's alarm, and its natural consequence upon her own organization."

These facts, if such, are indeed interesting; and it is hoped the profession will improve every opportunity of testing the truth of them.

*Supply of Nurses for the Sick—The Epidemiological Society and the Board of Health.*—A deputation of a committee of the Epidemiological Society, appointed to consider a scheme for supplying the laboring classes with nurses in epidemic and other sickness, waited upon Sir Benj. Hall, the president of the Board of Health, on Friday, Oct. 6th, for the purpose of explaining their views and the plan proposed by the committee. Dr. Babington, the president of the Epidemiological Society, introduced the deputation, which was attended by the following gentlemen:—Dr. Sibson, Mr. Grainger, Dr. McWilliam, Dr. Milroy, Dr. Hare, Dr. Carlile, Dr. Snow, Mr. Aldrich, Mr. Tucker, and Dr. Sieveking. Dr. Babington stated the general object of the committee, and called upon Dr. Sieveking, as one of the secretaries, to give a more detailed account of their proceedings. Dr. Sieveking explained the arguments upon which the proposition to supply nurses to the laboring classes on a national scale was based, and showed that it was desirable that some measure by which it could be done should be carried, on medical, on sanitary, and on politico-economical grounds. He briefly alluded to the plan suggested by the committee, according to which the workhouse infirmaries should be made available for training females admitted into the workhouse as nurses. Sir Benjamin Hall highly approved of the proposition, and advised the committee what steps to take in order to secure the further consideration of the Board of Health for the plan. After a few words from Dr. Sibson and Mr. Grainger in support of the views advocated by the committee, the deputation withdrew.—*London Lancet.*

*Lectures before the Deaf and Dumb.*—The first of the series of monthly lectures before the deaf mutes of this city, was delivered last evening in St. Ann's Church, New York University, by Professor Isaac L. Peet, of the New York Institution for the Deaf and Dumb. The subject selected was "Self-Education." There was a numerous attendance on the occasion—the fact evincing a growing interest among that class for intellectual improvement.—*N. Y. Daily Times, Nov. 23d.*